

**START AND IMPROVE YOUR BUSINESS ASSOCIATION OF SRI LANKA**

No: 21/22 A, Polhengoda Gardens, Polhengoda Road, Colombo 5, Sri Lanka

**INDIVIDUAL MEMBERSHIP APPLICATION FORM**

|  |
| --- |
| **Particulars of the Applicant** |
| **Name in Full** |  |
| **Name with Initials** |  |
| **Date of Birth** |  |
| **Ethnicity** |  |
| **NIC Number** |  |
| **Personal Address** |  |
| **Official Address** |  |
| **Contact Details** |  |
| **Email** |  |
| **Date & Venue of SIYB TOT Attended** |  |
| **Academic/Professional Qualification/s** |  |
| **Name of the Organization Employed** |  |
| **Work Experience in Business Training & Consultancy** |  |
| **I wish to become an Individual Member of the SIYB Association of Sri Lanka, and I do hereby consent to the constitution of the Association. I am enclosing herewith a cheque for Rs: 1,000.00 for the Membership Fee (cheques to be drawn in favor of the SIYB Association of Sri Lanka).****Signature of the Applicant Date**  |
| **Council Approval:** | **Date** |